## **CERTIFICATION FOR INDIRECT COST RATE**

P	O Box 202501 elena, MT 59620-2501	Due May 31, 2004			
Legal Entity #	School Dist. #	School Name		County	Level
0802	1	Plains Elem		45	EL
Proposed Restric	ted Indirect Cost Rat	e%	(Round to nearest h	nundredth (X.)	XX%) of a percent.)
	Complete and submit vote submitted for the electory of your rate.				
This is to certify that knowledge and believed.	t I have reviewed the integration in the integral to the integ	ndirect cost rate prop	osal submitted he	rewith and to	o the best of my
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	nents of the Federal a Governments." Una	award(s) to which t Illowable costs hav	they apply ar ve been adju	nd OMB Circular
casual relationship to accordance with apply have not been claim and the Office of Pupredetermined rate.	d in the proposal are poetween the expenses plicable requirements. ned as direct costs. In ablic Instruction will be	s incurred and the ag Further, the same of addition, similar type notified of any accou	reements to which osts that have been of costs have be	they are allo en treated as een account	ocated in s indirect costs ed for consistently
Signature of Districe Chairperson	ct Superintendent or	Board	Street Address	or P.O. Box	
Printed Name of A	uthorized Official		Box 549 City	Z	Zip Code
			Plains	5	9859
Title			Date	·	
Send com	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	truction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	LIC INSTRU	CTION BY:
Ар	proved Rate for FY20	004	Date Approved		
			Signature		

## **CERTIFICATION FOR INDIRECT COST RATE**

P	uperintendent O Box 202501 elena, MT 59620-2501	Due May 31, 2004		
Legal Entity #	School Dist. #	School Name	County	Level
0803	1	Plains H S	45	HS
Proposed Restric	ted Indirect Cost Rat	<b>e</b> % (Round	to nearest hundredth (X	.XX%) of a percent.)
	e submitted for the ele	vith one copy of each applicementary and high school d		
This is to certify that knowledge and believed		ndirect cost rate proposal su	ubmitted herewith and	to the best of my
allowable in accorda A-87, "Cost Principle	ance with the requirem es for State and Local	stablish the final indirect cost ents of the Federal award(st Governments." Unallowab rmined Indirect Cost Alloca	s) to which they apply a le costs have been adj	and OMB Circular
casual relationship I accordance with apphave not been claim and the Office of Pupredetermined rate.	between the expenses plicable requirements. ned as direct costs. In ablic Instruction will be	roperly allocable to Federal incurred and the agreemer Further, the same costs th addition, similar types of conotified of any accounting crect.	nts to which they are all at have been treated a osts have been accoun	located in s indirect costs ted for consistently
Signature of Distri Chairperson	ct Superintendent or		t Address or P.O. Box	(
Printed Name of A	uthorized Official	Box 5		Zip Code
		Plains	S	59859
Title		Date		
Send com	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction		
ACCEPTED	AND APPROVED FO	R THE SUPERINTENDEN	T OF PUBLIC INSTRU	ICTION BY:
		1	Approved	
Ар	proved Rate for FY20		Approved	

## **CERTIFICATION FOR INDIRECT COST RATE**

P	O Box 202501 elena, MT 59620-2501	Due May 31, 2004			
Legal Entity #	School Dist. #	School Name		County	Level
0804	2	Thompson Falls Elem	1	45	EL
Proposed Restric	ted Indirect Cost Rat	<b>te</b> % (R	ound to nearest h	nundredth (X.	XX%) of a percent.)
	e submitted for the ele	with one copy of each a ementary and high scho			
This is to certify tha knowledge and beli		ndirect cost rate propos	sal submitted he	rewith and t	o the best of my
allowable in accorda	ance with the requirent es for State and Local	stablish the final indirect nents of the Federal award Governments." Unallo ermined Indirect Cost Al	ard(s) to which to wable costs have	hey apply a e been adju	nd OMB Circular
casual relationship accordance with ap have not been claim and the Office of Pupredetermined rate.	between the expenses plicable requirements. ned as direct costs. In ablic Instruction will be	properly allocable to Feds incurred and the agreed. Further, the same cost addition, similar types notified of any account	ements to which its that have bee of costs have be	they are alle on treated as een account	ocated in s indirect costs ed for consistently
	ct Superintendent or		treet Address	or P.O. Box	
Printed Name of A	utherized Official		O Box 129	1 -	Zip Code
Printed Name of A	utilorized Official		Sity		•
Title			hompson Falls Pate	5	59873
Send con	npleted form to: School Accounting Office of Public Ins PO Box 202501 Helena, MT 59620	truction			
ACCEPTED	AND APPROVED FO	OR THE SUPERINTENI	DENT OF PUBL	IC INSTRU	CTION BY:
					OHON BT.
Ар	proved Rate for FY20	D	ate Approved		

# Office of Public Instruction Linda McCulloch,

# CERTIFICATION FOR INDIRECT COST RATE

P	uperintendent O Box 202501 elena, MT 59620-2501	Due May 31, 2004			
Legal Entity #	School Dist. #	School Name		County	Level
0805	2	Thompson Falls H	S	45	HS
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.)	(X%) of a percent.)
	Complete and submit we submitted for the electory of your rate.				
This is to certify that knowledge and believed.	t I have reviewed the in ef:	ndirect cost rate prop	osal submitted he	rewith and to	the best of my
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirement es for State and Local on the attached Predeter	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	they apply ar ve been adju	nd OMB Circular
casual relationship is accordance with application and the Office of Purpredetermined rate.	d in the proposal are poetween the expenses plicable requirements. ned as direct costs. In ablic Instruction will be regoing is true and corr	incurred and the agr Further, the same of addition, similar type notified of any accou	reements to which osts that have been of costs have be	they are allo en treated as een accounte	ocated in indirect costs ed for consistently
Signature of Distri	ct Superintendent or		Street Address	or P.O. Box	
Chairperson			PO Box 129		
Printed Name of A	uthorized Official		City	Z	ip Code
			Thompson Falls	5	9873
Title			Date	·	
Send com	npleted form to: School Accounting a Office of Public Inst PO Box 202501 Helena, MT 59620-	ruction			
ACCEPTED	AND APPROVED FO		NDENT OF PUBL	LIC INSTRUC	CTION BY:
Ар	proved Rate for FY20	04	Date Approved		
			Signature		

# CERTIFICATION FOR INDIRECT COST RATE

	PO Box 202501 Helena, MT 59620-2501	Due May 31, 2004			
Legal Entity #	School Dist. #	School Name		County	Level
0807	6	Trout Creek Elem		45	EL
Proposed Restric	cted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.)	(X%) of a percent.)
	Complete and submit we be submitted for the elew roval of your rate.				
This is to certify the knowledge and bel	at I have reviewed the ir ief:	ndirect cost rate prop	osal submitted he	rewith and to	the best of my
allowable in accord A-87, "Cost Princip	ed in this proposal to es lance with the requirem les for State and Local in the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	hey apply ar /e been adju	nd OMB Circular
casual relationship accordance with ap have not been clair and the Office of Popredetermined rate	ed in the proposal are postween the expenses oplicable requirements. The med as direct costs. In the bubble Instruction will be some oregoing is true and corregoing is true and corrections.	incurred and the ag Further, the same of addition, similar type notified of any accou	reements to which osts that have been sof costs have be	they are allo en treated as een accounte	ocated in indirect costs ed for consistently
	ict Superintendent or		Street Address of 85 Pine Street	or P.O. Box	
Printed Name of A	Authorized Official		City	Z	ip Code
			Trout Creek	5	9874
Title			Date		
Send cor	npleted form to: School Accounting of Office of Public Inst PO Box 202501 Helena, MT 59620-	ruction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	LIC INSTRUC	CTION BY:
Ap	pproved Rate for FY20	04	Date Approved		
			Signature		

# Office of Public Instruction Linda McCulloch,

# CERTIFICATION FOR INDIRECT COST RATE

P	uperintendent O Box 202501 elena, MT 59620-2501	Due May 31, 2004			
Legal Entity #	School Dist. #	School Name		County	Level
0808	8	Paradise Elem		45	EL
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.X	X%) of a percent.)
	Complete and submit we submitted for the electory of your rate.				-
This is to certify that knowledge and believed.	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	the best of my
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	they apply and ve been adjus	d OMB Circular
casual relationship is accordance with apphave not been claim and the Office of Pupredetermined rate.	d in the proposal are poetween the expenses plicable requirements. ned as direct costs. In ablic Instruction will be regoing is true and corr	incurred and the agr Further, the same of addition, similar type notified of any accou	reements to which osts that have been of costs have be	they are alloon on treated as een accounte	cated in indirect costs d for consistently
Signature of Distri	ct Superintendent or		Street Address	or P.O. Box	
Chairperson			PO Box 126		
Printed Name of A	uthorized Official		City	Zi	p Code
			Paradise	59	9856
Title			Date		
Send com	npleted form to: School Accounting a Office of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTED	AND APPROVED FO		NDENT OF PUBL	LIC INSTRUC	TION BY:
Ар	proved Rate for FY20	04	Date Approved		
			Signature		

# Office of Public Instruction Linda McCulloch,

# CERTIFICATION FOR INDIRECT COST RATE

	Superintendent PO Box 202501 Helena, MT 59620-2501	Due	Due May 31, 2004			
Legal Entity #	School Dist. #	School Name	County	Level		
0809	9	Dixon Elem	45	EL		
Proposed Res	tricted Indirect Cost Ra	ate% (Round to r	nearest hundredth (X	.XX%) of a percent.)		
application shou		with one copy of each application with one copy of each application learning and high school distributions.				
This is to certify knowledge and b		e indirect cost rate proposal subm	itted herewith and	to the best of my		
allowable in acco	ordance with the require ciples for State and Loca	establish the final indirect cost ra ments of the Federal award(s) to al Governments." Unallowable c termined Indirect Cost Allocation	which they apply a osts have been adj	and OMB Circular		
casual relationsh	nip between the expense applicable requirements	e properly allocable to Federal aw es incurred and the agreements t s. Further, the same costs that h	o which they are al	located in		
and the Office of predetermined ra	Public Instruction will bate.	In addition, similar types of costs be notified of any accounting char	have been accoun	ted for consistently		
and the Office of predetermined rate I declare that the Signature of Dis	Public Instruction will b	e notified of any accounting char orrect.	have been accoun	ted for consistently ect the		
and the Office of predetermined ra	FPublic Instruction will be ate.  In the foregoing is true and come	orrect.  Street Ac	have been accounges that would affe	ted for consistently ect the		
and the Office of predetermined rate of Discourse of Disc	FPublic Instruction will be ate.  In the foregoing is true and come	e notified of any accounting char orrect.	have been accounges that would affer didress or P.O. Box	ted for consistently ect the		
and the Office of predetermined rate of Discourse of Disc	Public Instruction will be ate.  If foregoing is true and construct Superintendent of	orrect.  or Board  PO Box 1  City	have been accounges that would affer didress or P.O. Box	ted for consistently ect the		
and the Office of predetermined rate of Discourse of Disc	Public Instruction will be ate.  If foregoing is true and construct Superintendent of	orrect.  Street Ac PO Box 1	have been accounges that would affer didress or P.O. Box	ted for consistently ect the		
and the Office of predetermined rate of Discontinuous Disc	Public Instruction will be ate.  If foregoing is true and construct Superintendent of	orrect.  or Board  PO Box 1  City  Dixon  Date  g and Budgeting estruction	have been accounges that would affer didress or P.O. Box	ted for consistently ect the		
and the Office of predetermined rate of Discontinuous Chairperson  Title  Send of Send	Public Instruction will be ate.  In foregoing is true and constrict Superintendent of the foregoing is true and constrict Superintendent of the foregoing is true and constrict Superintendent of the foregoing is true and construction of the	orrect.  or Board  PO Box 1  City  Dixon  Date  g and Budgeting estruction	have been accountinges that would affect that wo	ted for consistently ect the  Zip Code  59831		
and the Office of predetermined rate of Discontinuous Chairperson  Printed Name of Title  Send of ACCEPT	Public Instruction will be ate.  In foregoing is true and constrict Superintendent of the foregoing is true and constrict Superintendent of the foregoing is true and constrict Superintendent of the foregoing is true and construction of the	orrect.  or Board  PO Box 1  City  Dixon  Date  Por The Superintendent of Date App	have been accounges that would affer a didress or P.O. Box	ted for consistently ect the  Zip Code  59831		

## **CERTIFICATION FOR INDIRECT COST RATE**

PO	perintendent Box 202501 lena, MT 59620-2501	Due May 31, 2004			
Legal Entity #	School Dist. #	School Name		County	Level
0811	10	Noxon Elem		45	EL
Proposed Restrict	ed Indirect Cost Rate	e% (F	Round to nearest h	nundredth (X.2	XX%) of a percent.)
	e submitted for the ele	vith one copy of each a ementary and high sch	• •		•
This is to certify that knowledge and belie		ndirect cost rate propo	sal submitted he	rewith and to	o the best of my
allowable in accorda A-87, "Cost Principle	nce with the requirem s for State and Local	tablish the final indired ents of the Federal aw Governments." Unallo rmined Indirect Cost A	ard(s) to which to wable costs have	hey apply a ve been adju	nd OMB Circular
casual relationship be accordance with app have not been claime and the Office of Pub predetermined rate.	etween the expenses licable requirements. ed as direct costs. In	roperly allocable to Fe incurred and the agre Further, the same cosaddition, similar types notified of any accoun	ements to which sts that have bee of costs have be	they are alle on treated as een account	ocated in s indirect costs ed for consistently
Signature of Distric Chairperson	t Superintendent or		Street Address of 800 Noxon Ave	or P.O. Box	
Printed Name of Au	thorized Official		City	Z	Zip Code
		ı	Noxon	5	9853
Title		ľ	Date		
Send com	oleted form to: School Accounting of Office of Public Inst PO Box 202501 Helena, MT 59620	ruction			
	11010114, 1111 00020	-2301			
ACCEPTED .		R THE SUPERINTEN	DENT OF PUBL	IC INSTRU	CTION BY:
		R THE SUPERINTEN	DENT OF PUBL	IC INSTRU	CTION BY:

## **CERTIFICATION FOR INDIRECT COST RATE**

Level
HS
(X%) of a percent.)
ate. A separate tification will be
the best of my
icated above are do OMB Circular sted in allocating
a beneficial or ocated in indirect costs of for consistently the
ip Code
<b>ip Code</b> 9853
•
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•
9853

## **CERTIFICATION FOR INDIRECT COST RATE**

P	O Box 202501 elena, MT 59620-2501	Due May 31, 2004			
Legal Entity #	School Dist. #	School Name		County	Level
0813	11	Camas Prairie Elen	1	45	EL
Proposed Restric	ted Indirect Cost Rat	e%	(Round to nearest h	nundredth (X.2	XX%) of a percent.)
	Complete and submit vole submitted for the electrical of your rate.				
This is to certify tha knowledge and beli	t I have reviewed the i ef:	ndirect cost rate prop	oosal submitted he	rewith and to	o the best of my
allowable in accorda	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	nents of the Federal a Governments." Una	award(s) to which tellowable costs have	they apply a ve been adju	nd OMB Circular
casual relationship accordance with ap have not been claim and the Office of Pupredetermined rate.	d in the proposal are posted between the expenses plicable requirements. In the das direct costs. In ablic Instruction will be regoing is true and corregoing is true and correct the district of the district	s incurred and the ag Further, the same of addition, similar type notified of any accou	reements to which costs that have beens of costs have be	they are allowed they are allowed they are accounted to the they are accounted to the they are allowed to the theorem.	ocated in s indirect costs ed for consistently
	ct Superintendent or		Street Address		
Printed Name of A	uthorized Official		781 County Road		Zip Code
			Plains	5	· 59859
Title			Date		
Send con	npleted form to: School Accounting Office of Public Ins PO Box 202501 Helena, MT 59620	truction			
ACCEPTED	AND APPROVED FO	OR THE SUPERINTE	NDENT OF PUBL	LIC INSTRU	CTION BY:
Ар	proved Rate for FY20	004	Date Approved		
			Signature		

## **CERTIFICATION FOR INDIRECT COST RATE**

P	O Box 202501 lelena, MT 59620-2501	Due May 31, 2004			
Legal Entity #	School Dist. #	School Name		County	Level
0814	14-J	Hot Springs Elem		45	EL
Proposed Restric	eted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.)	(X%) of a percent.)
	Complete and submit wo submit wo submitted for the ele oval of your rate.				
This is to certify tha knowledge and beli	t I have reviewed the ir ef:	ndirect cost rate prop	oosal submitted he	rewith and to	o the best of my
allowable in accord A-87, "Cost Principl	ed in this proposal to es ance with the requireme les for State and Local in the attached Predete	ents of the Federal a Governments." Una	award(s) to which t Illowable costs hav	they apply ar ve been adju	nd OMB Circular
casual relationship accordance with ap have not been clain and the Office of Pu predetermined rate	ed in the proposal are posted in the proposal are posted between the expenses oplicable requirements. In the label of the posted in the proposed in the pr	incurred and the ag Further, the same of addition, similar type notified of any accou	reements to which costs that have beens of costs have be	they are allo en treated as een accounte	ocated in indirect costs ed for consistently
Signature of Distri Chairperson	ict Superintendent or	Board	Street Address	or P.O. Box	
Printed Name of A	uthorized Official		City	Z	ip Code
			Hot Springs	5	9845
Title			Date		
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501					
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	LIC INSTRU	CTION BY:
Ар	proved Rate for FY20	04	Date Approved		
			Signature		

# CERTIFICATION FOR INDIRECT COST RATE

P	O Box 202501 lelena, MT 59620-2501	Due May 31, 2004			
Legal Entity #	School Dist. #	School Name		County	Level
0815	14-J	Hot Springs H S		45	HS
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.)	XX%) of a percent.)
	Complete and submit wo submitted for the electory oval of your rate.				•
This is to certify that knowledge and beli	t I have reviewed the ir ef:	ndirect cost rate prop	oosal submitted he	rewith and to	the best of my
allowable in accord A-87, "Cost Principle	ed in this proposal to es ance with the requirem les for State and Local in the attached Predete	ents of the Federal a Governments." Una	award(s) to which t Illowable costs hav	they apply ar ve been adju	nd OMB Circular
casual relationship accordance with ap have not been clain and the Office of Pu predetermined rate	ed in the proposal are pubetween the expenses plicable requirements. In the das direct costs. In the library will be be regoing is true and correction will be regoing is true and correction.	incurred and the ag Further, the same of addition, similar type notified of any accou	reements to which costs that have beens of costs have be	they are allowed they are allowed they are allowed they are allowed to the are allowed to	ocated in s indirect costs ed for consistently
Signature of Distri Chairperson	ct Superintendent or	Board	Street Address of PO Box 1005	or P.O. Box	
Printed Name of A	uthorized Official		City	Z	Zip Code
			Hot Springs	5	9845
Title			Date		
Send con	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTED	AND APPROVED FO		NDENT OF PUBL	LIC INSTRU	CTION BY:
Ар	proved Rate for FY20	04	Date Approved		
			Signature		